## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT# P03000006907 1. Entity Name HEIDI L. PECORA, PA Principal Place of Business Mailing Address 10953 96TH ST N 10953 96TH ST N LARGO, FL 33773 LARGO, FL 33773 US 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3675250 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PECORA, HEIDI L DO NOT WRITE 10953 96TH ST N **LARGO, FL 33773** IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce: the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title II applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PECORA, HEIDI L NAME STREET ADDRESS 10953 96TH ST N 04/14/06-20008-002 **150.00** CITY-ST-ZIP LARGO, FL 33773 THE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS ENTY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED

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